## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Mukund

Art Unit: 3629

Serial No.: 09/682,713

Examiner: Jonathon P. Ouellette

Filed: October 9, 2001

For: WEB BASED METHODS AND

SYSTEMS FOR MANAGING COMPLIANCE ASSURANCE

INFORMATION

Mail Stop: RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## TRANSMITTAL

 Transmitted herewith is: Transmittal (3 pages)
 Amendment in response to Office Action dated February 12, 2008 and made final (24 pages)

STATUS

2. Applicant

claims small entity status.
is other than a small entity.

## EXTENSION OF TERM

3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.  (complete (a) or (b), as applicable)  (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)											
			within:  first n  secon	d month month a month	\$	other than small entity Fee 120.00 460.00 1,050.00 1,640.00 2,230.00 Fee:	Small entity Fee (if applicable) \$ 60.00 \$ 230.00 \$ 525.00 \$ 820.00 \$ 1,115.00					
If an additional extension of time is required, please consider this a petition therefor.												
(Check and complete the next item, if applicable)												
An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.												
	Extension fee due with this request \$											
	OR											
	(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.											

SMALL ENTITY

## FEE FOR CLAIMS

(Col. 3)

SMALL ENTITY

. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 2)

	(Col. 1)	1	(COI, 2)	(Col. 3)	SWINES SITTE		5,44,45,4,44,44
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL		MINUS		-	x \$25.00 = \$		x \$50.00 = \$
INDEP.	-	MINUS		=	x \$105.00 ⇒ \$		x \$210.00 = \$
	FIRST PRESEN	ITATION OF	MULTIPLE DEP.	CLAIM	+\$185.00 = \$		+\$370.00 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$
	(b) 🔲	Total a	idditional fee	OR for claims	required \$		
5.	Attac	hed is a c	FEI check in the s	E PAYME um of \$	NT		
			it Account No this transmit		the sum of \$1,050. ned.	<u>00</u>	
6.	⊠ If any	addition		DEFICIE	NCY is required, charge	Depo	sit Account No.

AND/OR

If any additional fee for claims is required, charge Deposit Account No. 012384.

7. Other:

01-2384.

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